# FÖRM D



UNITED STÅTES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# **FORM D**

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number: 3235-0076

Expires: May 31, 2005

Estimated average burden hours per response......



Name of Offering ( check if this is an amendment and name has changed, and indicate	change.)
Decision Biomarkers Incorporated Series A-1 Convertible Preferred Stock Offer	ring
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☐ Rule 5	506 ☐ Section 4(6) ☐ ULOE
Type of Filing:   New Filing ☐ Amendment ☐	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate c	change.)
Decision Biomarkers Incorporated	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
150 Bear Hill Road, Waltham, MA 02451	617-278-2031
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	
Brief Description of Business:	DDOCEOFF
Commercialization of array-based diagnostic assays	PROCESSED
Type of Business Organization	
☐ limited partnership, already formed	FEB 2 2 2006
□ other	(please specify):
☐ business trust ☐ limited partnership, to be formed	THOMSON
Month Year	WWW
Actual or Estimated Date of Incorporation or Organization: 0   3	□ Actual   □ Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbre	<del>_</del>
CN for Canada; FN for other foreign jurisc	
. CN for Canada, FN for other foreign jurisc	

#### GENERAL INSTRUCTIONS

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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2. Enter the information re	equested for the fo	A. BASIC IDENTIF	ICATION DATA		
	•	suer has been organized v	within the nast five years	·•	
•		•	•		or more of a class of equity
securities of the iss	• •	wer to vote of dispose, o	a direct the vote of dispo	3111011 01, 1070	or more or a class or equity
• Each executive off	icer and director of	of corporate issuers and o	f corporate general and i	nanaging partn	ers of partnership issuers;
and					
<ul> <li>Each general and r</li> </ul>	nanaging partner	of partnership issuers.			
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☑ Executive Officer	⊠ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Roger D. Dowd Business or Residence Add	race (Number and	1 Street City State Zin C	"oda)		
		0 Bear Hill Road, Walt			
Check Box(es) that Apply:	☐ Promoter		☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Jean Montagu	if individual)				
Business or Residence Add					w je
		0 Bear Hill Road, Walt		ED: .	50.1.1/
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or  Managing Partner
Full Name (Last name first, Oxford Bioscience Pa	,				
Business or Residence Add	ress (Number and	• • • • • • •	Code)		
222 Berkeley Street, S				ET D.	
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first,					
Rock Maple Ventures Business or Residence Add		1 Chrost City State 7:4	Fada	<del> </del>	· · · · · · · · · · · · · · · · · · ·
711 Fifth Avenue, 5 <sup>th</sup>			Lode)		
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Full Name (Last name first,	if individual)				Managing Partner
Fletcher Spaght Vent					
Business or Residence Add	ress (Number and	d Street, City, State, Zip (	Code)		
220 Berkeley Street, 2					
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Climicpar, LLC	if individual)				
Business or Residence Add 70 Walnut Place, Bro	3	and the contract of the contra	Code)	· · · · · · · · · · · · · · · · · · ·	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				manging i unior
Michael Lytton Business or Residence Add	rece (Number on	Street City State 7in (	ode)		
	,	l, 150 Bear Hill Road, W	•		
		t, or copy and use additio		as necessary )	

•					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip (	Code)		
c/o Decision Biomarket					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, i					
Business or Residence Addre					
c/o Decision Biomarke			altham, MA 02451		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or  Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,					rvianaging Farther
Business or Residence Addre	ess (Number and		Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				Managing Fartier
Business or Residence Addre	ess (Number and	Street, City, State, Zip (	Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip (	Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Address	ess (Number and	Street, City, State, Zip (	Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Address	ess (Number and	Street, City, State, Zip o	Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)	<u> </u>			171111111111111111111111111111111111111
Business or Residence Addr	ess (Number and	Street, City, State, Zip (	Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip (	Code)		

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	C	Aggregate offering Price	A	Amount lready Sold
	Debt	\$		\$	
	Equity				
	☐ Common       ☑ Preferred	\$	7,625,000	\$	7,625,000
	Convertible Securities (including warrants)	\$		\$	
	Partnership Interests	\$		\$	
	Other (Specify)	\$		\$	
	Total	\$	7,625,000	\$	7,625,000
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
					Aggregate
		Mu	mber Investors		llar Amount f Purchases
	Accredited Investors	INU	6	\$	7,625,000
	Non-accredited Investors		0	\$	0
	Total (for filings under Rule 504 only)			\$	<del></del>
	Answer also in Appendix, Column 4, if filing under ULOE.			Ψ.	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		_		
	Type of Offering		Type of Security	Do	llar Amount Sold
	Rule 505		Security	\$	Solu
	Regulation A			\$	
	Rule 504			\$	
	Total			Œ.	
	Town			Φ.	<del></del>
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees			\$	
	Printing and Engraving Costs			\$	
	Legal Fees		_ ⊠	\$	25,000
	Accounting Fees		_	\$	
	Engineering Fees			\$	
	Sales Commissions (specify finders' fees separately)			\$	
	Other Expenses (identify)			\$	<u> </u>

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

25,000

 $\boxtimes$ 

C. OFFERING PRICE, NU	MBER OF INVESTORS, EXPENSES AN	D U	SE OF	PROCEE	DS		· · · · · · · · · · · · · · · · · · ·
<ul> <li>Enter the difference between the aggre Question I and total expenses furnished in re the "adjusted gross proceeds to the issuer."</li> </ul>	gate offering price given in response to Part C - sponse to Part C - Question 4.a. This difference is				\$	7	7,600,000
used for each of the purposes shown. If the estimate and check the box to the left of th	oss proceeds to the issuer used or proposed to be amount for any purpose is not known, furnish an e estimate. The total of the payments listed must user set forth in response to Part C - Question 4.b						
adove.			Payme	nts to			
			Offic	,	_		
			Director Affili		P	-	ents To
Salaries and fees				iaics			illers
Purchase of real estate						<b>\$</b> -	
Purchase, rental or leasing and insta	llation of machinery and equipment		\$			\$ _	
Construction or leasing of plant buil	dings and facilities		\$			\$ <sup>-</sup>	
	cluding the value of securities involved in					_	
	exchange for the assets or securities of		<b>c</b> r			ď	
•						_	
1 7						_	
* •		_	\$		$\boxtimes$	_	7,600,000
			\$			_	
	. 11.3	⊠ ⊠		0	⊠	_	7,600,000
Total Payments Listed (column totals added)			2		,600,0	<u>00</u>	
	D. FEDERAL SIGNATURE						
	signed by the undersigned duly authorized undertaking by the issuer to furnish to the U. ion furnished by the issuer to any non-accred	S. S	ecuritie	s and Exch	ange	Cor	nmission,
Issuer (Print or Type)	Signature			Date			<del></del>
Decision Biomarkers Incorporated	16 D. Din ?			February :	1, 200	6_	
Name of Signer (Print or Type)	Title of Signer (Print or Type)						
Richard B. Smith	Secretary						

**ATTENTION** 

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)